



**Reply under 37 CFR 1.116 – Expedited Procedure - Technology Center 2874**

**Application No.** 10/081,995  
**Docket No.** 03-21; ACT 179 DN 51965

**Art Unit** 2874  
**Examiner** Kevin S. Wood

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|   |   |                         |
|---|---|-------------------------|
| <b>In re the Application of:</b>              | : | Group Art Unit: 2874    |
| Mindaugas F. Dautartas                        | : |                         |
|   | : |                         |
| <b>Serial No.:</b> 10/081,995                 | : | Examiner: Kevin S. Wood |
|   | : |                         |
| <b>Filed:</b> February 21, 2002               | : |                         |
|   | : |                         |
| <b>For:</b> METHOD FOR MAKING OPTICAL DEVICES | : |                         |
| WITH A MOVING MASK AND OPTICAL                | : |                         |
| DEVICES MADE THEREBY                          | : |                         |

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this Response and accompanying papers are being deposited on March 2, 2004 with the United States Postal Service as first-class mail in an envelope properly addressed to COMMISSIONER FOR PATENTS, Alexandria, VA 22313-1450

March 2, 2004  
Date of Certificate

Cristin Donahue  
Cristin Donahue

**AMENDMENT AND REPLY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated January 12, 2004, please amend the above-identified application, without prejudice or disclaimer, as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.



Image

AP/2874

## FEE TRANSMITTAL

| Complete if known                   |  |
|-------------------------------------|--|
| Application Number:                 | 10/081,995   |
| Filing Date:                        | February 21, 2002  |
| First Named Inventor:               | Mindaugas F. Dautartas                                   |
| Group Art Unit:                     | 2874   |
| Examiner Name:                      | Kevin S. Wood  |
| Total Amt. of Payment: (1)+(2)+(3)= | \$0  |
|                                     | Attorney Docket Number: R&H 03-21; DN: 51965 (ACT - 179) |

| METHOD OF PAYMENT (check one)   |      | FEE CALCULATION (continued)  |                  |      |     |              |    |     |     |  |  |  |          |                    |   |    |     |  |  |  |          |  |  |  |  |  |  |  |                  |  |  |
|---|------|--|------------------|------|-----|--------------|----|-----|-----|--|--|--|----------|--------------------|---|----|-----|--|--|--|----------|--|--|--|--|--|--|--|------------------|--|--|
| 1. The Commissioner is hereby authorized to:<br><input type="checkbox"/> Charge indicated fees<br><input checked="" type="checkbox"/> Charge additional fees<br><input checked="" type="checkbox"/> Credit overpayments<br>to the account of DANN, DORFMAN, HERRELL & SKILLMAN<br>Deposit Account Number <u>04-1406</u>   |      | <b>ADDITIONAL FEES</b><br><b>Fee Description</b> <span style="float: right;"><b>Fee Paid</b></span><br>Surcharge-late filing fee or oath _____<br>Surcharge - late provisional filing fee or cover sheet _____<br>Extension for response within first month _____<br>Extension for response within second month _____<br>Extension for response within third month _____<br>Extension for response within fourth month _____<br>Notice of Appeal _____<br>Filing a brief in support of an appeal _____<br>Request for oral hearing _____<br>Petition to revive unavoidably abandoned application _____<br>Petition to revive unintentionally abandoned application _____<br>Issue fee _____<br>Petitions to the Commissioner _____<br>Petitions related to provisional applications _____<br>Submission of Information Disclosure Stmt. _____<br>Recording each patent assignment per property _____<br>Other fee (specify) <u>Advance Order (10 copies)</u> _____<br>Other fee (specify) _____<br><span style="float: right;">SUBTOTAL (3) \$0</span> |                  |      |     |              |    |     |     |  |  |  |          |                    |   |    |     |  |  |  |          |  |  |  |  |  |  |  |                  |  |  |
| <b>FEE CALCULATION</b><br><b>1. FILING FEE</b><br><b>Fee Description</b> <span style="float: right;"><b>Fee</b></span><br>Utility filing fee _____<br>Design filing fee _____<br>Plant filing fee _____<br>Reissue filing fee _____<br>Provisional filing fee _____<br><span style="float: right;">SUBTOTAL (1) \$0</span>  |      |  |                  |      |     |              |    |     |     |  |  |  |          |                    |   |    |     |  |  |  |          |  |  |  |  |  |  |  |                  |  |  |
| <b>2. Claims</b><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Paid</th> <th style="text-align: center;">Extr</th> <th style="text-align: center;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">20</td> <td style="text-align: center;">-21</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">x 18 = 0</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">5</td> <td style="text-align: center;">-5</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">x 84 = 0</td> </tr> <tr> <td>Multiple Dependent<br/>(First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">SUBTOTAL (2) \$0</td> </tr> </tbody> </table> |      |  | Paid             | Extr | Fee | Total Claims | 20 | -21 | = 0 |  |  |  | x 18 = 0 | Independent Claims | 5 | -5 | = 0 |  |  |  | x 84 = 0 | Multiple Dependent<br>(First presentation) |  |  |  |  |  |  | SUBTOTAL (2) \$0 |  |  |
|   | Paid | Extr   | Fee              |      |     |              |    |     |     |  |  |  |          |                    |   |    |     |  |  |  |          |  |  |  |  |  |  |  |                  |  |  |
| Total Claims  | 20   | -21  | = 0              |      |     |              |    |     |     |  |  |  |          |                    |   |    |     |  |  |  |          |  |  |  |  |  |  |  |                  |  |  |
|   |      |  | x 18 = 0         |      |     |              |    |     |     |  |  |  |          |                    |   |    |     |  |  |  |          |  |  |  |  |  |  |  |                  |  |  |
| Independent Claims  | 5    | -5   | = 0              |      |     |              |    |     |     |  |  |  |          |                    |   |    |     |  |  |  |          |  |  |  |  |  |  |  |                  |  |  |
|   |      |  | x 84 = 0         |      |     |              |    |     |     |  |  |  |          |                    |   |    |     |  |  |  |          |  |  |  |  |  |  |  |                  |  |  |
| Multiple Dependent<br>(First presentation)  |      |  |                  |      |     |              |    |     |     |  |  |  |          |                    |   |    |     |  |  |  |          |  |  |  |  |  |  |  |                  |  |  |
|   |      |  | SUBTOTAL (2) \$0 |      |     |              |    |     |     |  |  |  |          |                    |   |    |     |  |  |  |          |  |  |  |  |  |  |  |                  |  |  |

Submitted By:

Typed or

Printed Name Nicole Haun

Reg. Number 48,488

Signature Talbot

Date March 2, 2004

Deposit Account User ID

04-1406